

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE EXPENSE REPORT**

Office use only

**Send to Chi State Office with original receipts.
Attach receipts for each expenditure**

NAME _____ DATE SUBMITTED _____ (DEADLINE - 30 days from event)

COMMITTEE / PURPOSE	LOCATION	DATES	<u>OFFICE USE ONLY</u>	
TRAVEL (Chose One) <u>Plane fare or Car mileage (Round Trip)</u>				
CARPOOLED WITH: _____				
LODGING (1/2 of 1 night @ event room rate.)				
ROOM SHARED WITH: _____				
SUPPLIES				
TELEPHONE/POSTAGE				
PRINTING/COPY WORK				
OTHER (Describe)				
<u>CHECK PAYABLE TO</u>	<u>APPROVED BY: (OFFICIAL USE ONLY)</u>		TOTAL	
Extra night approved by State President Yes No	Check Date			

REVISED June 2015